

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

United States Bankruptcy Court Northern District of Illinois, Eastern Division						Voluntary Petition	
Name of Debtor (if individual, enter Last, First, Middle): Hokinson, Rhonda				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): 7720				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 2066 Sutherland Pl Hoffman Estates, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE 60169-2547				ZIPCODE			
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):							
ZIPCODE							
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) <hr/> Chapter 15 Debtor Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <div style="display: inline-block; width: 45%; vertical-align: top;"> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> <hr/> Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 1-49</div> <div><input type="checkbox"/> 50-99</div> <div><input checked="" type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> Over 100,000</div> </div>							
Estimated Assets <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1 million to \$10 million</div> <div><input type="checkbox"/> \$10 million to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>							
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input checked="" type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1 million to \$10 million</div> <div><input type="checkbox"/> \$10 million to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>							

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Hokinson, Rhonda	
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). X /s/ Mazyar M. Hedayat Signature of Attorney for Debtor(s) 4/03/15 Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hokinson, Rhonda

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Rhonda Hokinson

Signature of Debtor

Rhonda Hokinson

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 3, 2015

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Mazyar M. Hedayat

Signature of Attorney for Debtor(s)

**Mazyar M. Hedayat 6226806
M. Hedayat & Associates, P.C.
1211 W Lakeview Ct
Romeoville, IL 60446-6501
(630) 378-2200 Fax: (630) 447-0067
mhedayat@mha-law.com**

April 3, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Document Page 6 of 58
United States Bankruptcy Court
Northern District of Illinois, Eastern Division

IN RE:

Case No. _____

Hokinson, Rhonda

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 950.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 610.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 11,971.09	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	25		\$ 476,139.45	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 1,243.00
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 1,304.00
TOTAL		40	\$ 950.00	\$ 488,720.54	

Document Page 7 of 58
United States Bankruptcy Court
Northern District of Illinois, Eastern Division

IN RE:

Case No. _____

Hokinson, Rhonda

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 11,971.09
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 11,971.09

State the following:

Average Income (from Schedule I, Line 12)	\$ 1,243.00
Average Expenses (from Schedule J, Line 22)	\$ 1,304.00
Current Monthly Income (from Form 22A-1 Line 11; OR , Form 22B Line 14; OR , Form 22C-1 Line 14)	\$ 0.00

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 610.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 11,971.09	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 476,139.45
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 476,749.45

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand	W	100.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household appliance, furniture, etc	W	600.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		clothing for single female	W	250.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				950.00

* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 5959 Beneficial Auto/Santander Santander Consumer USA PO Box 961245 Fort Worth, TX 76161-0244	H	Installment account 2005-11-17 VALUE \$				610.00	610.00
ACCOUNT NO. 1000 Santander Consumer USA PO Box 961245 Fort Worth, TX 76161-0244	H	Installment account 2005-11-01 VALUE \$				Notice Only	
ACCOUNT NO. VALUE \$							
ACCOUNT NO. VALUE \$							

0 continuation sheets attached	Subtotal (Total of this page)	\$ 610.00	\$ 610.00
	Total (Use only on last page)	\$ 610.00	\$ 610.00
	(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 0000 Cook County Cook County Building, 4th Floor 118 N Clark St Chicago, IL 60602-1304	W	Taxes have been sold on property located 2066 Sutherland Pl Hoffman Estates, IL at an annual sale				11,851.09	11,851.09	
ACCOUNT NO. 5256 Village of Hoffman Estates 1900 Hassell Rd Hoffman Estates, IL 60169-6308	W	Open account 2008-05-01				120.00	120.00	
ACCOUNT NO. Sonnenschein Fnl Svcs 2 Transam Plaza Dr Ste 3 Oakbrook Terrace, IL 60181-4823		Assignee or other notification for: Village of Hoffman Estates						
ACCOUNT NO. 								
ACCOUNT NO. 								
ACCOUNT NO. 								

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority ClaimsSubtotal
(Totals of this page)\$ **11,971.09** \$ **11,971.09** \$

Total

(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)

\$ **11,971.09**

Total

(Use only on last page of the completed Schedule E. If applicable,
report also on the Statistical Summary of Certain Liabilities and Related Data.)\$ **11,971.09** \$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0501 AFNI 1310 Martin Luther King Dr Bloomington, IL 61701-1465	W	Original Creditor: At&T 8828478965747				159.79
ACCOUNT NO. 6969 Alexian Brothers Medical Center 22589 Network Pl Chicago, IL 60673-1225	W	Medical Bill				125.21
ACCOUNT NO. 4516 Alexian Brothers Medical Center 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				234.20
ACCOUNT NO. A380 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				15.55
Subtotal (Total of this page)						\$ 534.75
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

24 continuation sheets attached

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2789 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				18.78
ACCOUNT NO. 2674 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				11.64
ACCOUNT NO. 5044 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical bill				16.04
ACCOUNT NO. 6320 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				25.00
ACCOUNT NO. 2889 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				239.00
ACCOUNT NO. 3216 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical bills				94.22
ACCOUNT NO. 8179 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				202.76

Sheet no. 1 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **607.44**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9397 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				194.03
ACCOUNT NO. 6120 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				99.35
ACCOUNT NO. 3364 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical bill				117.60
ACCOUNT NO. 2702 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				47.57
ACCOUNT NO. 2048 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				829.00
ACCOUNT NO. 7171 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				7,114.00
ACCOUNT NO. 7063 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				4,389.00

Sheet no. 2 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **12,790.55**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1256 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				977.50
ACCOUNT NO. 3394 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				1,802.09
ACCOUNT NO. 6644 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				93.53
ACCOUNT NO. 0687 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				548.96
ACCOUNT NO. 5909 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				1,062.65
ACCOUNT NO. 1058 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				35.47
ACCOUNT NO. 3358 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				252.47

Sheet no. 3 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **4,772.67**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3358 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				252.47
ACCOUNT NO. 2297 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				240.65
ACCOUNT NO. 7856 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				14.91
ACCOUNT NO. 9633 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				864.34
ACCOUNT NO. 7267 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				31.27
ACCOUNT NO. 6556 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				214.64
ACCOUNT NO. 3234 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				222.19

Sheet no. 4 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

\$ **1,840.47**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1331 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				134.31
ACCOUNT NO. 3998 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				192.16
ACCOUNT NO. 1474 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				38.20
ACCOUNT NO. 7906 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				222.19
ACCOUNT NO. 2902 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				38.20
ACCOUNT NO. 8133 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				192.16
ACCOUNT NO. 2820 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				34.48

Sheet no. 5 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

\$ **851.70**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4074 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				82.05
ACCOUNT NO. 0888 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				32.08
ACCOUNT NO. 2104 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				68.78
ACCOUNT NO. 1096 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				16.04
ACCOUNT NO. 4854 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				127.62
ACCOUNT NO. 9708 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				573.09
ACCOUNT NO. 9724 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Bill				107,148.03

Sheet no. 6 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **108,047.69**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4516 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Debt 02-12-2015				234.20
ACCOUNT NO. 4835 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Debt				47.33
ACCOUNT NO. 0475 Alexian Brothers Medical Group 3040 W Salt Creek Ln Arlington Heights, IL 60005-1069	W	Medical Debt 01-27-2009				32,067.95
ACCOUNT NO. 9862 Alexian Brothers Specialty Group 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2014-03-01				259.00
ACCOUNT NO. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131		Assignee or other notification for: Alexian Brothers Specialty Group				
ACCOUNT NO. 8136 Alexian Brothers Specialty Group 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2012-11-01				176.00
ACCOUNT NO. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131		Assignee or other notification for: Alexian Brothers Specialty Group				

Sheet no. 7 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **32,784.48**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4471 Alexian Brothers Specialty Group 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2013-02-01				118.00
ACCOUNT NO. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131		Assignee or other notification for: Alexian Brothers Specialty Group				
ACCOUNT NO. 6692 Alexian Brothers Specialty Group 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2012-12-01				39.00
ACCOUNT NO. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131		Assignee or other notification for: Alexian Brothers Specialty Group				
ACCOUNT NO. 9331 Alexian Brothers Specialty Group 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2013-04-01				36.00
ACCOUNT NO. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131		Assignee or other notification for: Alexian Brothers Specialty Group				
ACCOUNT NO. 9482 Alexian Brothers Specialty Group 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2013-08-01				19.00

Sheet no. 8 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **212.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131		Assignee or other notification for: Alexian Brothers Specialty Group				
ACCOUNT NO. 4130 Alexian Brothers Specialty Group 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2014-01-01				13.00
ACCOUNT NO. Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622-1131		Assignee or other notification for: Alexian Brothers Specialty Group				
ACCOUNT NO. 7405 Allied Interstate PO Box 4000 Warrenton, VA 20188-4000	W	Original Creditor JPMorgan Chase Bank National Association				619.53
ACCOUNT NO. 0601 Armor Systems Corporation 2322 N Green Bay Rd Waukegan, IL 60087-4209	W	Original Creditor : Village of Mount Prospect				20.00
ACCOUNT NO. 4562 Asset Acceptance Capital Corp. PO Box 2036 Warren, MI 48090-2036	W	Original Creditor: Beneficial acct ending in 3771				28,145.61
ACCOUNT NO. 7321 AT&T c/o Bankruptcy 1801 Valley View Ln Farmers Branch, TX 75234-8906	W	Open account 2013-12-01				160.00

Sheet no. 9 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **28,958.14**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256-7412		Assignee or other notification for: AT&T				
ACCOUNT NO. 7611 AT&T c/o Bankruptcy 1801 Valley View Ln Farmers Branch, TX 75234-8906	W	Open account 2010-01-01				131.00
ACCOUNT NO. West Asset Attn: Bankruptcy 2703 N US Highway 75 Sherman, TX 75090-2567		Assignee or other notification for: AT&T				
ACCOUNT NO. 1638 At&t PO Box 5014 Carol Stream, IL 60197-5014	W	at&t uverse				Notice only
ACCOUNT NO. 7464 Banfield Pet Hospital PO Box 13998 Portland, OR 97213-0998	W	Emergency Pet care				80.85
ACCOUNT NO. 7464 Banfield Pet Hospital PO Box 13998 Portland, OR 97213-0998	W	Pet Insurance Plan 02-13-2015				107.80
ACCOUNT NO. 0586 Beneficial Financial PO Box 1231 Brandon, FL 33509-1231	W	Sold loan on 2066 Sutherland PL Hoffman Est, IL to Green Tree Servicing				Notice Only

Sheet no. 10 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **319.65**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 7863 Beneficial Financial PO Box 1231 Brandon, FL 33509-1231	W	Home loan, since been sold				Notice Only
ACCOUNT NO. 8644 BLATT HASENMILLER LEIBSKE 10 S La Salle St # 2200 Chicago, IL 60603-1069	W	Judgment for Midland Funding				Notice Only
ACCOUNT NO. 3967 Byram Healthcare 3010 Woodcreek Dr Downers Grove, IL 60515-5415	W	Medical Bill				57.58
ACCOUNT NO. 3142 Capital One Bank Attn: General Correspondence PO Box 30285 Salt Lake City, UT 84130-0285	W	Revolving account 2000-11-01				1,582.00
ACCOUNT NO. 1059 Capital One Bank PO Box 71083 Charlotte, NC 28272-1083	W	Credit Card Debt				768.27
ACCOUNT NO. 4942 Capital One Bank USA NA	W	Open account 2012-12-01				Notice Only
ACCOUNT NO. Portfolio Recovery Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541-1067		Assignee or other notification for: Capital One Bank USA NA				

Sheet no. 11 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,407.85**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4664 Capital One Bank USA NA	W	Open account 2013-01-01				Notice Only
ACCOUNT NO. Portfolio Recovery Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541-1067		Assignee or other notification for: Capital One Bank USA NA				
ACCOUNT NO. 0823 Cardovascular Assoc. at ABHVI 900 S Frontage Rd Ste 325 Woodridge, IL 60517-4907	W	Medical Bill				84.47
ACCOUNT NO. 7691 Cavlary Portfolio Services 500 Summit Lake Dr Ste 400 Valhalla, NY 10595-1340	W	Judgment in Cook County from a contracts dispute case number 11M1 0147691				2,752.00
ACCOUNT NO. 5658 CCB Credit Services PO Box 272 Springfield, IL 62705-0272	W	Creditor HSBC Bank				1,025.13
ACCOUNT NO. 3836 Chadwicks PO Box 659728 San Antonio, TX 78265-9728	W	Credit Card Debt				435.07
ACCOUNT NO. 0508 Chase PO Box 15298 Wilmington, DE 19850-5298	W	Revolving account 1986-12-01				Notice Only

Sheet no. 12 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,296.67**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Chase PO Box 15153 Wilmington, DE 19886-5153	W	04-17-2015				774.93
ACCOUNT NO. 8644 Circuit Court of Cook County 1st Dist 50 W Washington St Chicago, IL 60602-1305	W	Judgment account opened 1/26/2012				Notice Only
ACCOUNT NO. 2440 Circuit Court of Cook County 1st Dist. 50 W Washington St Rm 1001 Chicago, IL 60602-1316	W	Judgment account opened 10/23/2012				Notice Only
ACCOUNT NO. 7691 Circuit Court of Cook County 1st Dist. 50 W Washington St Chicago, IL 60602-1305	W	Contract Judgment account opened 11/21/2011				Notice Only
ACCOUNT NO. 3935 COMCAST Legal Department 1701 John F Kennedy Blvd Philadelphia, PA 19103-2838	W	Open account 2011-03-01				93.00
ACCOUNT NO. Stellar Recovery Inc 1327 Highway 2 Kalispell, MT 59901		Assignee or other notification for: COMCAST				
ACCOUNT NO. ComEd PO Box 6111 Carol Stream, IL 60197-6111	W	Electric bill for 2066 Sutherland Pl, Hoffman Estates, IL. 03-02-2015		X		140.17

Sheet no. 13 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,008.10**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0965 Consolidated Public Services PO Box 7001 Mattoon, IL 61938-7001	W	Collection account				3.94
ACCOUNT NO. COOK COUNTY, ILLINOIS - 1ST MUNICIPAL DI	H	Judgment account opened Unknown				2,665.00
ACCOUNT NO. COOK COUNTY, ILLINOIS - 1ST MUNICIPAL DI	H	Judgment account opened Unknown				138.00
ACCOUNT NO. 2948 DeInor PO Box 739 Moline, IL 61266-0739	W	Inpatient medical bill				54,718.42
ACCOUNT NO. 173 Denis J. O'Connell, D.O. Doctors Building #1 1555 Barrington Rd Ste 210 Hoffman Estates, IL 60169-1063	W	Medical Bill				230.15
ACCOUNT NO. 2145 Denovus Corporation. LTD 480 Johnson Rd Ste 110 Washington, PA 15301-8936	W	Creditor: Applied Bank # 422709302612654				1,185.20
ACCOUNT NO. 6409 Dish Network PO Box 94063 Palatine, IL 60094-4063	W	Cabe bill/ cancelling contract fee				604.98

Sheet no. 14 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **59,545.69**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6409 Dish Network PO Box 94063 Palatine, IL 60094-4063	W	Satellite Television 03-01-2015				675.11
ACCOUNT NO. 6570 Fifth Avenue 1112 7th Ave Monroe, WI 53566-1364	W	Credit Card Debt				501.79
ACCOUNT NO. 6290 First National Collection Bureau, Inc 610 Waltham Way Sparks, NV 89434-6695	W	Original Creditor: First Premier Bank # 4610078701684144				639.80
ACCOUNT NO. 8040 First National Collection Bureau, Inc 610 Waltham Way Sparks, NV 89434-6695	W	Original creditor First Premier Bank 4610078701684144				Notice only
ACCOUNT NO. 4144 First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104-4824	W	Revolving account 2000-06-01				640.00
ACCOUNT NO. 2440 FREEDMAN ANSELMO LINDBERG 1771 W Diehl Rd Ste 150 Naperville, IL 60563-4947	W	Judgment for Capital One				1,149.59
ACCOUNT NO. 1496 Freedman, Anselmo, Lindberg, LLC 1771 W Diehl Rd Ste 150 Naperville, IL 60563-4947	W	Original creditor Capital One Bank				1,598.85

Sheet no. 15 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **5,205.14**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8567 Gemb/Walmart Attn: Bankruptcy PO Box 103104 Roswell, GA 30076-9104	W	Revolving account 2006-11-01				7.00
ACCOUNT NO. 6630 Ginny's 1112 7th Ave Monroe, WI 53566-1364	W	Credit Card Debt				333.05
ACCOUNT NO. 6570 Ginnys/Swiss Colony Inc Attn: Bankruptcy 1112 7th Ave Monroe, WI 53566-1364	W	Revolving account 2008-06-01				Notice Only
ACCOUNT NO. 5234 Green Tree Servicing, LLC 7300 S Kyrene Rd Tempe, AZ 85283-4573	W	Mortgage company for 2066 Sutherland Place, Hoffman Esttates, Illinois. Property lost to Tax Sale on October 03, 2011. First Mortgage	X			139,649.98
ACCOUNT NO. 2626 Household Bank Mastercard PO Box 17051 Baltimore, MD 21297-1051	W	Credit Card Debt				364.50
ACCOUNT NO. 5861 Hsbc Bank Nevada N.A. HSBC Bank USA, N.A. PO Box 2013 Buffalo, NY 14240-2013	W	Open account 2010-06-01				1,731.00
ACCOUNT NO. Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123-2255		Assignee or other notification for: Hsbc Bank Nevada N.A.				

Sheet no. 16 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **142,085.53**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9429 HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051	W	Credit Card Debt				1,322.30
ACCOUNT NO. 1638 IC System 444 Highway 96 E Saint Paul, MN 55127-2557	W	At&T Uverse Account 03-26-2015				536.23
ACCOUNT NO. KANE COUNTY, ILLINOIS	H	Judgment account opened Unknown				635.00
ACCOUNT NO. 3032 Kanu Panchal M.D. 4309 W Medical Center Dr # B301 McHenry, IL 60050-8439	W	Medical bill				41.94
ACCOUNT NO. 7691 Law Office of Shindler 1990 E Algonquin Rd Ste 180 Schaumburg, IL 60173-4164	W	Judgment entered for Cavlary Portfolio HSBC BANK NEVADA and ORCHARD BANK				Notice Only
ACCOUNT NO. 8013 M W S	H	Open account 2014-02-01				251.00
ACCOUNT NO. Illinois Collection Service/lcs Illinois Collection Service PO Box 1010 Tinley Park, IL 60477-9110		Assignee or other notification for: M W S				

Sheet no. 17 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,786.47**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. H000 Mack Eye Center 1220 W Higgins Rd Hoffman Estates, IL 60169-4033	W	Medical Bill				48.51
ACCOUNT NO. 3385 Malcolm S Gerald and Associates, Inc. 332 S Michigan Ave Ste 600 Chicago, IL 60604-4318	W	Original Creditor Alexian Bro # G00805704483				1,184.00
ACCOUNT NO. 2122 Malcolm S Gerald and Associates, Inc. 332 S Michigan Ave Ste 600 Chicago, IL 60604-4318	W	Original Creditor: Alexian Brothers Medical Center- G00809024854				127.62
ACCOUNT NO. 5079 Malcolm S Gerald and Associates, Inc. 332 S Michigan Ave Ste 600 Chicago, IL 60604-4318	W	Original Creditor Alexius Medical Center				125.21
ACCOUNT NO. 1284 McNelis Family Eye Care 2010 S Arlington Heights Rd Arlington Heights, IL 60005-4134	W	Medical Bill				34.54
ACCOUNT NO. 4995 Medical	H	Open account Unknown				1,275.00
ACCOUNT NO. NW Collector 3601 Algonquin Rd Rolling Meadows, IL 60008-3126		Assignee or other notification for: Medical				

Sheet no. **18** of **24** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,794.88**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3586 Medical	H	Open account Unknown				540.00
ACCOUNT NO. Med Business Bureau PO Box 1219 Park Ridge, IL 60068-7219		Assignee or other notification for: Medical				
ACCOUNT NO. 8928 Medical Business Bureau, LLC PO Box 1219 Park Ridge, IL 60068-7219	W	Debtor: Medical Center Anesthetic				57.16
ACCOUNT NO. 6205 Metro Style PO Box 182273 Columbus, OH 43218-2273	W	Credit Card Debt				645.52
ACCOUNT NO. 8644 Midland Credit Management, Inc. 8875 Aero Dr Ste 200 San Diego, CA 92123-2251	W	Contract judgment in favor of Creditor				1,390.24
ACCOUNT NO. 6550 Midnight Velvet 1112 7th Ave Monroe, WI 53566-1364	W	Credit Card debt				976.05
ACCOUNT NO. 0000 Midwest Emergency Associates 800 Biesterfield Rd Elk Grove Village, IL 60007-3361	W	Open account 2013-07-01				36.00

Sheet no. 19 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,644.97**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Ars Account Resolution 1643 NW 136th Ave Ste Sunrise, FL 33323-2857		Assignee or other notification for: Midwest Emergency Associates				
ACCOUNT NO. 4554 Midwest Heart Specialists 3496 Paysphere Cir Chicago, IL 60674-0034	W	Medical Bill				305.00
ACCOUNT NO. 0924 Newport News 13526 Nacogdoches Rd San Antonio, TX 78217-1274	W	Credit Card				227.15
ACCOUNT NO. 0000 Nicor Gas PO Box 5407 Carol Stream, IL 60197-5407	W	Heating Bill				506.69
ACCOUNT NO. 4282 Northwest Neurology LTD 22285 N Pepper Rd Ste 401 Lake Barrington, IL 60010-2542	W	Medical Bill				70.75
ACCOUNT NO. 1272 NWHC Business Office 2500 W Higgins Rd Ste 505 Hoffman Estates, IL 60169-2045	W	Medical Bill				40.74
ACCOUNT NO. 0892 Orchard Bank PO Box 17051 Baltimore, MD 21297-1051	W	Credit Card debt				1,172.06

Sheet no. 20 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,322.39**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4942 Portfolio Recovery 120 Corporate Blvd Norfolk, VA 23502-4962	W	Original Creditor: Capital One credit card debt				1,396.46
ACCOUNT NO. 4664 Portfolio Recovery 120 Corporate Blvd Norfolk, VA 23502-4962	W	Original Creditor: Capital One credit card debt				1,225.37
ACCOUNT NO. 3158 Providian Bank 53 Regional Dr Concord, NH 03301-8500	W	Unknown account 2010-07-01				4,131.00
ACCOUNT NO. Ncofin/sst 4315 Pickett Rd Saint Joseph, MO 64503-1600		Assignee or other notification for: Providian Bank				
ACCOUNT NO. 3027 Radiological Consultants of Wo 3 Enterprise Dr Shelton, CT 06484-7620	W	Open account 2012-07-01				99.00
ACCOUNT NO. Cda/Pontiac Attn:Bankruptcy PO Box 213 Streator, IL 61364-0213		Assignee or other notification for: Radiological Consultants of Wo				
ACCOUNT NO. 6630 Seventh Avenue 1112 7th Ave Monroe, WI 53566-1364	W	Revolving account 2004-02-01				364.00

Sheet no. 21 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **7,215.83**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0508 Slate Cardmember Services PO Box 15298 Wilmington, DE 19850-5298	W	Credit Card debt				670.59
ACCOUNT NO. 7906 Sprint Legal Department, Sprint, PO Box 4600 Reston, VA 20195-1416	W	Open account 2014-06-01				170.00
ACCOUNT NO. Enhanced Recovery Corp Attention: Client Services 8014 Bayberry Rd Jacksonville, FL 32256-7412		Assignee or other notification for: Sprint				
ACCOUNT NO. 5485 SSt Card Services PO Box 23060 Columbus, GA 31902-3060	W	Credit Card Debt				1,639.40
ACCOUNT NO. 6320 St. Alexis Medical Center 22589 Network Pl Chicago, IL 60673-1225	W	Medical Bill				50.00
ACCOUNT NO. 1693 Suburban Assoc. of Ophthalmology 1100 W Central Rd Ste 205 Arlington Heights, IL 60005-2465	W	Medical Bill				51.54
ACCOUNT NO. 7606 Suburban Assoc. of Ophthalmology 1100 W Central Rd Ste 205 Arlington Heights, IL 60005-2465	W	Medical Bill				26.83

Sheet no. 22 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,608.36**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1029 Suburban Lung Associates PO Box 2776 Carol Stream, IL 60132-2776	W	Medical Bill				36.63
ACCOUNT NO. 0738 Suburban Lung Association Eberle Medical Doctor's Building 800 Biesterfield Rd Ste 510 Elk Grove Village, IL 60007-3367	W	Open account 2013-11-01				99.00
ACCOUNT NO. Merchants Cr 223 W Jackson Blvd Ste 400 Chicago, IL 60606-6974		Assignee or other notification for: Suburban Lung Association				
ACCOUNT NO. 1846 Sunrise Credit Services PO Box 9100 Farmingdale, NY 11735-9100	W	At&t U Verse				536.52
ACCOUNT NO. 2554 Surgical Neurology Associates 880 W Central Rd Ste 6100 Arlington Heights, IL 60005-2378	W	Medical Bill				42.93
ACCOUNT NO. Thornwood Partners LTD 5225 Touhy Ave Ste 213 Skokie, IL 60077-3266	W	Land Sale Contract for property located at 2066 Sutherland Place Hoffman Estates, IL				47,037.00
ACCOUNT NO. 5131 U of Illinois Hospital Physician Center 3293 Paysphere Cir Chicago, IL 60674-0032	W	Medical Bill				275.00

Sheet no. 23 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **48,027.08**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Hokinson, Rhonda

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8567 Walmart Synchrony Bank PO Box 530927 Atlanta, GA 30353-0927	W	Credit Card debt				242.95
ACCOUNT NO. 6648 World Financial Network National Bank PO Box 659728 San Antonio, TX 78265-9728	W	Credit Card Debt				228.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 24 of 24 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **470.95**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **476,139.45**

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 **Rhonda Hokinson**
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois, Eastern Division

Case number
 (If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☒ Not employed

- ☐ Employed
☐ Not employed

Occupation

Employer's name

Employer's address

Number Street

City State ZIP Code

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ _____

3. Estimate and list monthly overtime pay.

3. + \$ _____

4. Calculate gross income. Add line 2 + line 3.

4. \$ _____

Debtor 1

Rhonda Hokinson

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here → 4.	\$ _____	\$ _____	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ _____	\$ _____	
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____	
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____	
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____	
5e. Insurance	5e. \$ _____	\$ _____	
5f. Domestic support obligations	5f. \$ _____	\$ _____	
5g. Union dues	5g. \$ _____	\$ _____	
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ _____	\$ _____	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ _____	
8b. Interest and dividends	8b. \$ _____	\$ _____	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____	
8d. Unemployment compensation	8d. \$ _____	\$ _____	
8e. Social Security	8e. \$ 1,105.00	\$ _____	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	8f. \$ 138.00	\$ _____	
8g. Pension or retirement income	8g. \$ _____	\$ _____	
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 1,243.00	\$ _____	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,243.00	+ \$ _____	= \$ 1,243.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
			11. + \$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 1,243.00 Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?			
<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Debtor is recieveing Social Security Disability Insurance.			

Fill in this information to identify your case:

Debtor 1 Rhonda Hokinson
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois, Eastern Division

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 806.00

If not included in line 4:

4a. Real estate taxes 4a. \$ _____

4b. Property, homeowner's, or renter's insurance 4b. \$ _____

4c. Home maintenance, repair, and upkeep expenses 4c. \$ _____

4d. Homeowner's association or condominium dues 4d. \$ _____

Debtor 1

Rhonda Hokinson
First Name Middle Name Last Name

Case number (if known) _____

Your expenses

- | | |
|--|----------------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. \$ _____ |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ 140.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ 30.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ _____ |
| 6d. Other. Specify: _____ | 6d. \$ _____ |
| 7. Food and housekeeping supplies | 7. \$ 200.00 |
| 8. Childcare and children's education costs | 8. \$ _____ |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 50.00 |
| 10. Personal care products and services | 10. \$ 25.00 |
| 11. Medical and dental expenses | 11. \$ _____ |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. \$ _____ |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ _____ |
| 14. Charitable contributions and religious donations | 14. \$ _____ |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ 28.00 |
| 15b. Health insurance | 15b. \$ _____ |
| 15c. Vehicle insurance | 15c. \$ _____ |
| 15d. Other insurance. Specify: _____ | 15d. \$ _____ |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. \$ _____ |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ _____ |
| 17b. Car payments for Vehicle 2 | 17b. \$ _____ |
| 17c. Other. Specify: _____ | 17c. \$ _____ |
| 17d. Other. Specify: _____ | 17d. \$ _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18. \$ _____ |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. \$ _____ |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. Mortgages on other property | 20a. \$ _____ |
| 20b. Real estate taxes | 20b. \$ _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ _____ |
| 20e. Homeowner's association or condominium dues | 20e. \$ _____ |

Debtor 1

Rhonda Hokinson

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: **Pet expenses**

21. **+\$ 25.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 1,304.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 1,243.00**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 1,304.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ -61.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

None

IN RE Hokinson, Rhonda

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 42 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: April 3, 2015 Signature: /s/ Rhonda Hokinson
Rhonda Hokinson

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Document Page 49 of 58
 United States Bankruptcy Court
 Northern District of Illinois, Eastern Division

IN RE:

Case No. _____

Hokinson, Rhonda

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 2010 3rd party Tax Transcript for Rhonda Hokinson

Data not available from IRS

0.00 2011 3rd party Tax Transcript for Rhonda Hokinson

Data not available from IRS

0.00 2012 3rd party Tax Transcript for Rhonda Hokinson

Data not available from IRS

0.00 2013 3rd party Tax Transcript for Rhonda Hokinson

Data not available from IRS

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☐ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Thornwood Partners LTD 5225 Touhy Ave Ste 213 Skokie, IL 60077-3266	1/1/15; 12/1/14; 11/1/14	2,418.00	0.00

Payments to a land sale contract for the property located at 2066 Sutherland Pl Hoffman Estates, IL

- None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.* If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

- None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
In the matter of the Application of the County Collector; No. 11 COTD 3116	Gothic Investment Ltd Petition for Order of Possession	Cook County; County division	Public sale of real estate (2066 Sutherland Place, Hoffman Estates, Illinois) for the non-payment of taxes

Thornwood Partners LTD bought the property at the tax sale. Hokinson entered in to a land sale contract with Thornwood Partners LTD.

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
M. Hedayat & Associates, P.C. 1211 W Lakeview Ct Romeoville, IL 60446-6501		\$2,500.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **April 3, 2015** Signature **/s/ Rhonda Hokinson**
of Debtor **Rhonda Hokinson**

Date: _____ Signature _____
of Joint Debtor
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Hokinson, Rhonda

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Thornwood Partners, LTD	Describe Leased Property: Contract for deed for 2066 Sutherland Pl., Hoffman Estates. IL 6	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

____ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **April 3, 2015**

/s/ Rhonda Hokinson

Signature of Debtor

Signature of Joint Debtor

Document Page 54 of 58
United States Bankruptcy Court
Northern District of Illinois, Eastern Division

IN RE:

Case No. _____

Hokinson, Rhonda

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 97

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: April 3, 2015

/s/ Rhonda Hokinson

Debtor

Joint Debtor

Hokinson, Rhonda
2066 Sutherland Pl
Hoffman Estates, IL 60169-2547

Asset Acceptance Capital Corp.
PO Box 2036
Warren, MI 48090-2036

Capital One Bank
PO Box 71083
Charlotte, NC 28272-1083

M. Hedayat & Associates, P.C.
1211 W Lakeview Ct
Romeoville, IL 60446-6501

At&t
PO Box 5014
Carol Stream, IL 60197-5014

Cardovascular Assoc. at ABHVI
900 S Frontage Rd Ste 325
Woodridge, IL 60517-4907

AFNI
1310 Martin Luther King Dr
Bloomington, IL 61701-1465

AT&T
c/o Bankruptcy
1801 Valley View Ln
Farmers Branch, TX 75234-8906

Cavlary Portfolio Services
500 Summit Lake Dr Ste 400
Valhalla, NY 10595-1340

Alexian Brothers Medical Center
22589 Network Pl
Chicago, IL 60673-1225

Atg Credit
1700 W Cortland St Ste 2
Chicago, IL 60622-1131

CCB Credit Services
PO Box 272
Springfield, IL 62705-0272

Alexian Brothers Medical Center
3040 W Salt Creek Ln
Arlington Heights, IL 60005-1069

Banfield Pet Hospital
PO Box 13998
Portland, OR 97213-0998

Cda/Pontiac
Attn:Bankruptcy
PO Box 213
Streator, IL 61364-0213

Alexian Brothers Medical Group
3040 W Salt Creek Ln
Arlington Heights, IL 60005-1069

Beneficial Auto/Santander
Santander Consumer USA
PO Box 961245
Fort Worth, TX 76161-0244

Chadwicks
PO Box 659728
San Antonio, TX 78265-9728

Alexian Brothers Specialty Group
800 Biesterfield Rd
Elk Grove Village, IL 60007-3361

Beneficial Financial
PO Box 1231
Brandon, FL 33509-1231

Chase
PO Box 15298
Wilmington, DE 19850-5298

Allied Interstate
PO Box 4000
Warrenton, VA 20188-4000

BLATT HASENMILLER LEIBSKE
10 S La Salle St # 2200
Chicago, IL 60603-1069

Chase
PO Box 15153
Wilmington, DE 19886-5153

Armor Systems Corporation
2322 N Green Bay Rd
Waukegan, IL 60087-4209

Byram Healthcare
3010 Woodcreek Dr
Downers Grove, IL 60515-5415

Circuit Court of Cook County 1st Dist
50 W Washington St
Chicago, IL 60602-1305

Ars Account Resolution
1643 NW 136th Ave Ste
Sunrise, FL 33323-2857

Capital One Bank
Attn: General Correspondence
PO Box 30285
Salt Lake City, UT 84130-0285

Circuit Court of Cook County 1st Dist.
50 W Washington St Rm 1001
Chicago, IL 60602-1316

Circuit Court of Cook County 1st Dist.
50 W Washington St
Chicago, IL 60602-1305

Fifth Avenue
1112 7th Ave
Monroe, WI 53566-1364

Hsbc Bank Nevada N.A.
HSBC Bank USA, N.A.
PO Box 2013
Buffalo, NY 14240-2013

COMCAST
Legal Department
1701 John F Kennedy Blvd
Philadelphia, PA 19103-2838

First National Collection Bureau, Inc
610 Waltham Way
Sparks, NV 89434-6695

HSBC Card Services
PO Box 17051
Baltimore, MD 21297-1051

ComEd
PO Box 6111
Carol Stream, IL 60197-6111

First Premier Bank
601 S Minnesota Ave
Sioux Falls, SD 57104-4824

IC System
444 Highway 96 E
Saint Paul, MN 55127-2557

Consolidated Public Services
PO Box 7001
Mattoon, IL 61938-7001

FREEDMAN ANSELMO LINDBERG
1771 W Diehl Rd Ste 150
Naperville, IL 60563-4947

Illinois Collection Service/lcs
Illinois Collection Service
PO Box 1010
Tinley Park, IL 60477-9110

Cook County
Cook County Building, 4th Floor
118 N Clark St
Chicago, IL 60602-1304

Freedman, Anselmo, Lindberg, LLC
1771 W Diehl Rd Ste 150
Naperville, IL 60563-4947

Kanu Panchal M.D.
4309 W Medical Center Dr # B301
McHenry, IL 60050-8439

Delnor
PO Box 739
Moline, IL 61266-0739

Gemb/Walmart
Attn: Bankruptcy
PO Box 103104
Roswell, GA 30076-9104

Law Office of Shindler
1990 E Algonquin Rd Ste 180
Schaumburg, IL 60173-4164

Denis J. O'Connell, D.O.
Doctors Building #1
1555 Barrington Rd Ste 210
Hoffman Estates, IL 60169-1063

Ginny's
1112 7th Ave
Monroe, WI 53566-1364

Mack Eye Center
1220 W Higgins Rd
Hoffman Estates, IL 60169-4033

Denovus Corporation. LTD
480 Johnson Rd Ste 110
Washington, PA 15301-8936

Ginnys/Swiss Colony Inc
Attn: Bankruptcy
1112 7th Ave
Monroe, WI 53566-1364

Malcolm S Gerald and Associates, Inc.
332 S Michigan Ave Ste 600
Chicago, IL 60604-4318

Dish Network
PO Box 94063
Palatine, IL 60094-4063

Green Tree Servicing, LLC
7300 S Kyrene Rd
Tempe, AZ 85283-4573

McNelis Family Eye Care
2010 S Arlington Heights Rd
Arlington Heights, IL 60005-4134

Enhanced Recovery Corp
Attention: Client Services
8014 Bayberry Rd
Jacksonville, FL 32256-7412

Household Bank Mastercard
PO Box 17051
Baltimore, MD 21297-1051

Med Business Bureau
PO Box 1219
Park Ridge, IL 60068-7219

Medical Business Bureau, LLC
PO Box 1219
Park Ridge, IL 60068-7219

Nicor Gas
PO Box 5407
Carol Stream, IL 60197-5407

Seventh Avenue
1112 7th Ave
Monroe, WI 53566-1364

Merchants Cr
223 W Jackson Blvd Ste 400
Chicago, IL 60606-6974

Northwest Neurology LTD
22285 N Pepper Rd Ste 401
Lake Barrington, IL 60010-2542

Slate Cardmember Services
PO Box 15298
Wilmington, DE 19850-5298

Metro Style
PO Box 182273
Columbus, OH 43218-2273

NW Collector
3601 Algonquin Rd
Rolling Meadows, IL 60008-3126

Sonnenschein Fnl Svcs
2 Transam Plaza Dr Ste 3
Oakbrook Terrace, IL 60181-4823

Midland Credit Management, Inc.
8875 Aero Dr Ste 200
San Diego, CA 92123-2251

NWHC Business Office
2500 W Higgins Rd Ste 505
Hoffman Estates, IL 60169-2045

Sprint
Legal Department, Sprint,
PO Box 4600
Reston, VA 20195-1416

Midland Funding
8875 Aero Dr Ste 200
San Diego, CA 92123-2255

Orchard Bank
PO Box 17051
Baltimore, MD 21297-1051

SSt Card Services
PO Box 23060
Columbus, GA 31902-3060

Midnight Velvet
1112 7th Ave
Monroe, WI 53566-1364

Portfolio Recovery
120 Corporate Blvd
Norfolk, VA 23502-4962

St. Alexis Medical Center
22589 Network Pl
Chicago, IL 60673-1225

Midwest Emergency Associates
800 Biesterfield Rd
Elk Grove Village, IL 60007-3361

Portfolio Recovery
Attn: Bankruptcy
PO Box 41067
Norfolk, VA 23541-1067

Stellar Recovery Inc
1327 Highway 2
Kalispell, MT 59901

Midwest Heart Specialists
3496 Paysphere Cir
Chicago, IL 60674-0034

Providian Bank
53 Regional Dr
Concord, NH 03301-8500

Suburban Assoc. of Ophthalmology
1100 W Central Rd Ste 205
Arlington Heights, IL 60005-2465

Ncofin/sst
4315 Pickett Rd
Saint Joseph, MO 64503-1600

Radiological Consultants of Wo
3 Enterprise Dr
Shelton, CT 06484-7620

Suburban Lung Associates
PO Box 2776
Carol Stream, IL 60132-2776

Newport News
13526 Nacogdoches Rd
San Antonio, TX 78217-1274

Santander Consumer USA
PO Box 961245
Fort Worth, TX 76161-0244

Suburban Lung Association
Eberle Medical Doctor's Building
800 Biesterfield Rd Ste 510
Elk Grove Village, IL 60007-3367

Sunrise Credit Services
PO Box 9100
Farmingdale, NY 11735-9100

Surgical Neurology Associates
880 W Central Rd Ste 6100
Arlington Heights, IL 60005-2378

Thornwood Partners LTD
5225 Touhy Ave Ste 213
Skokie, IL 60077-3266

Thornwood Partners, LTD
5225 Touhy Ave # 213
Skokie, IL 60077-3266

U of Illinois Hospital Physician Center
3293 Paysphere Cir
Chicago, IL 60674-0032

Village of Hoffman Estates
1900 Hassell Rd
Hoffman Estates, IL 60169-6308

Walmart Synchrony Bank
PO Box 530927
Atlanta, GA 30353-0927

West Asset
Attn: Bankruptcy
2703 N US Highway 75
Sherman, TX 75090-2567

World Financial Network National Bank
PO Box 659728
San Antonio, TX 78265-9728